Approved for use through 9/30/98. PTO/SB/06 (8-96)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number CLAIMS AS FILED - PART I OTHER THAN SMALL ENITTY OR (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = -0 OR INDEPENDENT CLAIMS minus 3 = (37 CFR L16(b)) -0 OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less then zero, enter "0" in column 2 TOTAL OR 160 TOTAL CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY (Column 1) OR (Column 2) (Column 3) SMALL ENTITY **CLAIMS** HIGHEST REMAINING ADDI-ADDI-NUMBER PRESENT RATE **AFTER** TIONAL PREVIOUSLY RATE TIONAL EXTRA-AMENDMENT FEE PAID FOR FEE Total Minus OR (37 CFR 1.16(c)) Independent OR Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL. TOTAL OR (Column 1) (Column 2) (Column 3) ADDIT. FEE ADDIT. FEE **CLAIMS** HIGHEST REMAINING ADDI-ADDI-NUMBER PRESENT RATE AFTER TIONAL TIONAL RATE PREVIOUSLY **EXTRA** AMENDMENT FEE **FEE** PAID FOR **Total** Minus OR (37 CFR 1.16(c)) = Independent OR \*\*\* Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR (Column 1) ADDIT, FEE (Column 2) (Column 3) ADDIT. FEE **CLAIMS** HIGHEST ADDI-REMAINING ADDI-NUMBER AMENDMENT PRESENT RATE **AFTER** TIONAL **RATE** TIONAL PREVIOUSLY **EXTRA** AMENDMENT FEE PAID FOR FEE Total Minus (37 CFR 1.16(c)) OR = Independent OR (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE ADDIT. FEE \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Patents, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## PATENT APPLICATION FEE DETERMINATION RECORD Effective JANUARY, 2003 Application or Docket Number

									1,00				
		CLAIMS AS	FILED - PART I (Column 1) (Column			mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE	1	RATE	FEE	
FC	DR ·		NUMBER I	FILED	NUMB	ER EXTRA		BASIC FEE	37 <b>5</b> :00	OR	BASIC FEE	20.00	
TC	TAL CHARGEA	BLE CLAIMS	min	us 20=	*			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			mi	nus 3 =	*			X42=		OR	X84=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					+140=	-	OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" in c			olumn 2		TOTAL		OR	TOTAL	110	
	f c	LAIMS AS A	MENDED	- PAR (Colui		(Column 3)	<u> </u>	SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT (		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	·	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDME	Total	. 16	Minus	** <	10	=		X\$ 9=		OR	X\$18=		
MEN	Independent	* 6	Minus	***	9	=	1	X42=		OR	X84_		
Ĺ	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM		].	+140=		OF.	+280=		
					1		ļ	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)		10011.1 001		•			
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
<b>AMENDMENT</b>	Independent	*	Minus	***		=	4	X42=		OR	X84=		
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDEN	CLAIM		┙╽	+140=		OR	+280=		
								TOTAL ADDIT. FEE		ا م	TOTAL ADDIT. FEE		
		(Column 1)		(Colui	mn 2)	(Column 3)		ADDII. I CC :		-	,.		
NT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	:	RATE	ADDI- TIONAL FEE	
IDME	Total	*	Minus	**		=	] [	X\$ 9=		OR	X\$18=		
<b>AMENDMENT</b>	Independent	*	Minus	***		=-		X42=		OR	X84=		
4	FIRST PRESE	NTATION OF M	JLTIPLE DEF	PENDEN	CLAIM		┧╽	+140=		OR	+280=		
•	If the entry in colu	mn 1 is less than th	ne entry in colu	mn 2, write	e "0" in co	lumn 3.		TOTAL		OB	TOTAL		
**	If the "Highest Nu	mber Previously Pa mber Previously Pa ber Previously Pa	aid For IN THIS	S SPACE ( S SPACE	is less tha is less tha	n 20, enter "20 in 3. enter "3."		ADDIT. FEE	propriate box	l	ADDIT. FEE lumn 1.		

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COP Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

290435

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL   TYPE	ENTITY	OR	OTHER SMALL	
FO	R	NUMBE	R FILED	NUMBER E	EXTRA	RATE	FEE		RATE	FEE
BA	SIC FEE				,	۰	380.00	OR		760.00
TOTAL CLAIMS minus 20= *					X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 5, minus 3 = *					_	X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=	
* If	the difference	TOTAL		OR	TOTAL	1200				
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	1/8/02	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MQN	Total	· 40	Minus	<u> </u>	= 20	X\$ 9=		OR	X\$18=	360
AME	Independent	* Q	Minus	*** 3	= 0	X39=		OR	X)8=	504
Ĥ	FIRST PRESE	NTATION OF ML	JLTIPLE DEPI	ENDENT CLAIM		+130=		OR	7+260 <del>4</del>	
				. •	•	TOTAL ADDIT. FEE		OR(	TOTAL ADDIT FEE	8104
Ì		(Column 1)		(Column 2)	(Column 3)	ADDIT: 1 EE			YUU	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MO	Total	· A	Minus	**	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39=		OR	X78=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)				_	
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
₽ Q	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	=	X39=		OR	X78=	
Ĥ	FIRST PRESE	+130=			+260=					
	If the entry in colu	mn 1 is less than ti	ne entry in colur	nn 2, write "0" in co	lumn 3.	TOTAL		OR	TOTAL	
**	If the "Highest Nu	mber Previously Particular Previously Previo	aid For" IN THIS aid For" IN THIS	S SPACE is less that S SPACE is less that	ın 20, enter "20." an 3, enter "3."	ADDIT. FEE	L	OR	ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										